

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-013446

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration No. 347 Primary Registration District No. 590 Registrar's No. 931

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>PAGEDALE</u> | | c. CITY OR TOWN <u>ST. LOUIS</u> | |
| Length of stay in 1b <u>WKS.</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>6755 PAGE AVE</u> | | d. STREET ADDRESS (If outside, give location) <u>2852 E OSAGE ST</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>LENORA</u> Middle Last <u>DIGAR</u> | | 4. DATE OF DEATH Month <u>MARCH</u> Day <u>19</u> Year <u>1962</u> | |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH (last birthday) <u>JUNE 20, 1889</u> 72 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>DOMESTIC</u> | |
| 11. BIRTHPLACE (City and state or country) <u>ST. LOUIS MO</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U-S-A</u> | |
| 13a. FATHER'S NAME <u>MORTIMER DIGAR</u> | | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>FERDINAND DIGAR</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | |
| 16. SOCIAL SECURITY NO. <u>[REDACTED]</u> | | 17. INFORMANT <u>3 ELMORE DIGAR 6755 PAGE AVE</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ARTERIOSCLEROTIC HEART DISEASE</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | INTERVAL BETWEEN ONSET AND DEATH | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>CARCINOMA OF STOMACH</u> | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from <u>12-22-61</u> to <u>3-19-62</u> and last saw her/him alive on <u>2-1-62</u> Death occurred at <u>7A</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>J. E. Drueger M.D.</u> | | 22b. ADDRESS <u>City Hospital, 1515 Lafayette</u> | |
| 22c. DATE SIGNED <u>3-19-62</u> | | 23. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO. MO.</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>MAR 21 1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>PARK LAWN CEMETERY</u> | |
| 24. FUNERAL DIRECTOR <u>Thomas Kutis 2906 Gravois</u> | | 25. DATE RECD. BY LOCAL REG. <u>3-20-62</u> | |
| 26. REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 27. DATE <u>3-20-62</u> | |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

140 35

2 215

3

4 1

5 2

6

7 0

8 0

94200H

10

11

12 90-0

13

90

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. G. Humphrey

Licensed Embalmer No. 4772

P. O. Address 2906 Main St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.